

Request for Per Capita Check Cancellation & Reissue

Office Use Only – Check Amount: _____ Check Number: _____	Date Rec'd _____
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*Return to: Little River Band of Ottawa Indians
Enrollment Department
375 River Street
Manistee, MI 49660*

Date of Request: _____

Name: _____ Tribal I.D. # _____

Mailing Address: _____

City _____ State _____ ZIP _____ Phone: _____

Check Description / Month / Year /Program: _____

Reason for Request: _____

By signing this I acknowledge: (check one)

☐ I have waited 15 business days and have not received my check. **I will be charged the bank institute fees to stop payment on this check. This amount will be deducted from check amount.**

☐ I received my check but lost/misplaced it. I will be charged the bank institute fees to stop payment on this check. **This amount will be deducted from check amount.**

I acknowledge that the cancellation process will place a "stop payment" status on the check. If I receive the check in the mail or other means, after submitting this request, I will not cash it. If I cash or deposit the check, I will be liable for all costs incurred by the financial institute and the Tribe.

Signature: _____ Date _____

(Office Use Only)

_____ Date _____

Enrollment Department

Reissue Check Information -

Check Number: _____ Amount: _____ Date _____